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Article

Workplace Behaviour in Healthcare: The Prevalence of Negative acts in Hospitals

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Abstract:

Workplace bullying is a threat to modern workplaces. The article reports bullying behaviors encountered by healthcare professionals. Negative acts prevalent in the healthcare sector must be addressed, as it is important to create a stress-free work environment for caregivers working in the healthcare sector. The data for the study was collected from 260 nurses working in different hospitals in Himachal Pradesh during the post-Second-COVID-19 wave. IBM SPSS 28.0 was used for data analysis. Acts frequently mentioned by the respondents were being asked to do tasks beyond one's skill set, unmanageable workloads, and having opinions ignored. Other commonly reported behaviors which were directed towards them included "persistent criticism", "fault finding" etc. Acts from the sub-dimension of physically intimidating behaviors were least reported. However, few nurses report facing spontaneous shouting or anger outbursts. Furthermore, demographic factors influenced bullying scores among nurses. The mental well-being of the target is adversely affected when exposed to hostile acts for a prolonged period. It is suggested that to overcome the trauma associated with bullying, the victims must actively "voice" their concerns.

Keywords: *Bullying, COVID-19, Healthcare, Negative acts, Nurse, Perpetrator*

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Introduction

Working in the Healthcare industry is one of the most challenging and stressful work as it involves dealing with life and death on a day-to-day basis. These experiences make the jobs of healthcare professionals complex. Nurses play a pivotal role in delivering quality patient care among healthcare workers. The nurses have to interact with their colleagues, supervisor, other heads, patients, etc., and thus, they deal with various workplace behaviors directed towards them. Workplace behavior can be both positive and negative, with varying consequences. The negative workplace behaviors commonly identified in hospitals include Workplace Bullying, incivility, and harassment. All of them have several deleterious outcomes and can adversely impact the quality of patient care. Workplace Bullying refers to repeated criticism of somebody's efforts at work, remarks on personal characteristics, or other demeaning acts that can have far-reaching effects on the target (Einarsen et al., 2011). Existing workplaces report several forms-of stressors linked to work tasks or job relationships. One of those stressors is bullying. Such workplaces where bullying behaviors are prevalent are likely to contribute to outcomes such as intense stress, intention to quit, and poor physical and mental well-being. In such a situation, there are employees who either raise their voices or choose to remain silent. However, if they decide to speak up against the wrongdoings, it has significant consequences in organizations at different levels (Bashshur&Burak., 2015). During COVID-19, nurses had to deal with various forms of negative acts. For example, they were facing discrimination at work based on race or ethnicity (Song & McDonald, 2021). Other examples of mean behaviors that healthcare workers faced during COVID-19 were accusing the workers of poor preparedness in preventing the spread and increased patient aggression (Asaoka et al., 2021). Among health staff, there were numerous cases of violence, harassment, and mistreatment reported during COVID-19 (Devi, 2020). Although other forms of violence and sexual harassment among Indian nurses have been reported in the past, examination of bullying remains scarce (Bandyopadhyay, 2022, Karatuna et al., 2020). In 2020, a review on bullying among nurses based on 166 articles reported only ten studies from South Asia. No study from the Indian nurse population was there. Thus, this study was conducted to identify the problem of bullying post-COVID-19. The objectives of the descriptive survey were:

i) To identify and report the frequency of occurrences of negative behaviors among nurses.

ii) To determine which acts were most frequently faced by the nurses

iii) To test whether there was a difference in bullying scores among nurses based on demographic characteristics (age groups and marital status).

The study aims to shed light on the prevalence of bullying among nurses and the malefactors involved. The insights from the survey would help the policymakers and hospital administrators understand the frequently faced behaviors from a target's perspective and thus design strategies for creating a positive work environment.

Literature Review

The extant literature on bullying reveals that the issue of bullying in the Indian workforce is on the rise, and nurse harassment is reported in recent articles and online newspapers (Bandyopadhyay, 2022; Poddar, 2020; Gupta and Bhakshi, 2017). Often described as a silent epidemic, bullying includes dysfunctional or malicious behavior and is associated with high stress in targets (McAvoy and Murtagh, 2003). One of the earliest studies which examined bullying among nurses in the UK reported acts such as withholding information, undermining efforts at work, and high workload as commonly faced negative acts by the target (Quine, 2001). The author listed twenty different acts which constituted bullying and examined its relationship to well-being. Hutchinson et al. (2006) employed qualitative methods in a sample of twenty-six nurses to study the phenomenon in the Australian healthcare sector. Through an in-depth investigation of their experiences, the authors highlighted the misuse of informally acquired power by the bully. Additionally, the findings revealed behaviors like the target's denigration in front of others, undermining the target's capability or competence, intense reactions, and blaming were the harmful acts prevalent in healthcare. In terms of perpetrators, there were different perpetrators, such as co-workers and superiors, reported in the study. These perpetrators often received protection from the organization. Yıldırım (2009) explored bullying among nurses in Turkey. The author stated that the problem was still a taboo topic in workplaces. The findings suggested the incidences of mistreatment and attacks on the professional as well as personal status of nurses. Results reported that the targets faced belittling and exclusion. They were also terrorized and prevented from utilizing resources. Laschinger et al. (2010) investigated bullying among new graduate nurses in Canada. The authors categorized 33% of nurses as bullied and found it to be positively related to burnout. The targets reported being emotionally exhausted. However, the authors argued that structurally empowering nurses can reduce exposure to bullying at work. Karatza et al. (2016)found that the nurses perceived the work environment more negatively when bullying was related to work tasks. The health effects of bullying on targets were immense, and a decline in well-being is a common consequence.

In the Indian context, in a sample of 196 health workers in Jammu, Gupta (2017) reported a bullying prevalence of 67.3% among nurses. During the pandemic, many studies reported a rise in bullying behaviors targeting health staff (Song and McDonald, 2021; Falcone, 2020). Some studies, like the study by Serafin et al.(2022) reported no major differences in bullying among nurses before or during the pandemic, however, they did report increased burnout in their survey of 212 Polish nurses. Among US nurses, increased incivility towards nurses was reported and some factors which contributed to the same were frequent negative behaviors from patients and their families, poor relationships with colleagues as well as expulsion from general social settings (Ghaziri et al., 2021). In the cross-sectional survey among Polish nurses, it was found that person-related bullying was more frequent. The spreading of gossip was the most commonly reported act in the population

(Serafin and Czarkowska-Pączek, 2019). Different results were reported in the sample of nurses in Saudi Arabia, where work-related acts were found to be more prevalent than person-related (Muharraq et al., 2022). These behaviors, whether directed towards a person or work, usually make workplaces toxic and increase employee exhaustion. All forms of bullying are linked to negative outcomes. These outcomes associated with bad work experiences include job dissatisfaction and intention to leave apart from the physical and psychological ill effects (Muharraq et al., 2022; Song and Donald, 2021; Koet al., 2020). Mental health issues reduced self-esteem, and disengagement at work is linked to negative work experiences (Poddar, 2020). Moreover, negative experiences can hamper the delivery of quality patient care as well as patient safety. Hence, it is crucial to identify such behaviors and their associated factors so that their occurrence can be minimized.

Methodology

Participants

Data was collected from nurses in Himachal Pradesh from February 2022- July 2022. An offline survey was done using a standardized tool and nurses were explained about the objectives of the study. Those nurses who were comfortable and consented to participate in the study were given the questionnaire. 56.53% of participants were in the age group of 21-30. All the nurses comprising the sample were females. 69.61% of nurses had a total experience below five years and 30.38% of nurses had a total nursing experience of 6-10 years. More than half of the nurses were married (69.23%).

Tool: Negative Acts Questionnaire-Revised (NAQ-R) was used to measure bullying behaviors faced by the nurses (Einarsen et al., 2009). The scale measures various behaviors faced by someone at work that can be either directed towards work roles, personal factors, or could be physically intimidating. The scale includes 22 different types of acts, and the respondent has to state how frequently he/she has faced such acts on a five-point Likert scale. The anchor points are from never (1) to daily (5). The lowest possible score is 22 and the highest possible score is 110. Cronbach's alpha value for the scale NAQ-R was determined to test reliability. In the study sample, it was found to be 0.97. IBM SPSS version 28 was used for the data analysis. Descriptive statistics used to summarize the demographic characteristics of the sample under study are reported in Table 1.

Table1. Participant's Demographic characteristics

		N	%
Age	Below 20	11	4.23
	21-30	147	56.53
	31-40	98	37.69
	41-50	4	1.53
Marital Status	Single	80	30.76
	Married	180	69.23
Experience (in years)	Below 5 years	181	69.61
	6-10 years	79	30.38
Ward	Medicine	39	15
	Children	29	11.15
	Maternity	29	11.15
	NBSU	22	8.46
	Surgery/Ortho	58	22.30
	Casualty	31	11.92
	Other	52	20

Findings and Results

The present study examined the overall bullying scores among nurses. As per the cut-off score set by Gupta and Bakhshi (2017) in their study of the Indian population, nurses with a total score of "40 or above" were classified as "bullied". Those above the total score of "56" were classified as "severely bullied". 156 out of 260 nurses had an overall score of "40 or above" . 24 nurses had a score above "56".

Based on the 23rd item, where the participants do self-labeling whether they perceive themselves as targets of bullying, 97 nurses reported rarely, 11- now and then, 3- weekly and none reported daily bullying. Rest 149 labeled them as "not bullied". So, the behavioral rating method identified 156 targets. In the self-labeling method, 111 nurses reported being the target. Table 3 shows descriptive statistics of each act on NAQ-R. The descriptive of individual behaviors shows that very few nurses reported being exposed to such behaviors on a weekly or daily basis. Most participants stated that they faced such behaviors "now and then". The most prominent behaviors were negative behaviors related to work tasks. Commonly reported acts that comprised work-related bullying were "being ordered to do something below competence" (M=2.28) and "excessive workload (M=2.17). Among personal bullying behaviors, reminding mistakes repeatedly, (M=1.95) and criticizing work efforts (M=1.94) were most frequently reported. The instances of physical intimidation or violent behaviors were least reported. Item 22, which was related to physical violence among nurses, was least frequent and rarely faced by the sample under study. None reported such threats of physical violence on a weekly or daily basis. Table 2 shows the overall score on the NAQ-R scale where the mean score in the present sample was found to be 39.53

Table2. Descriptive statistics (Overall NAQ-R sum score)

NAQ-R	Min	Max	Mean	SD
22 items	22	92	39.53	15.17

n= 260

Behavior rating method: The frequencies of the 22 acts as faced by the sample are listed in the table below. Item mean varied from 1.09- 2.28 which indicates moderately low levels of bullying were reported in the sample. Most of the acts had a mean score of around 2 which imply the participants reported the occurrences of most of the negative acts "Now and then".

Table3: Frequency of bullying acts faced by the nurses

Acts	Never (n)	Now and then (n)	Monthly (n)	Weekly (n)	Daily (n)	Mean (m)	SD
Withholding Information	73	113	50	20	4	2.11	0.95
Being humiliated	86	111	45	14	4	1.99	0.92
Ordered to work below competence level	65	88	80	21	6	2.28	1
Key responsibilities removed or replaced	104	117	28	11	0	1.79	0.79
Gossip or rumors about you	97	111	34	17	1	1.90	0.89
Ignored or excluded	89	116	40	11	4	1.94	0.89
Insulting or offensive remarks	103	110	31	14	2	1.85	0.88
The target of shouting or anger	178	73	8	1	0	1.35	0.56
Intimidating acts	180	70	9	1	0	1.35	0.56
Hints to quit the job	104	119	28	8	1	1.78	0.78
Repeated reminders of mistakes	87	117	40	14	2	1.95	0.87
Ignored or facing a hostile reaction	98	117	37	7	1	1.83	0.79
Persistent criticism of work	89	120	30	19	2	1.94	0.9
Having opinions ignored	84	87	67	15	7	2.13	1.02
Practical jokes	94	118	31	17	0	1.88	0.85
Unreasonable tasks	92	95	54	14	5	2.01	0.97
Allegations against you	99	108	33	17	3	1.91	0.93
Excessive work monitoring	86	101	56	14	3	2.02	0.93
Pressure not to claim the entitled benefits	97	87	57	17	2	2	0.96
Excessive Teasing or sarcasm	105	117	30	8	0	1.77	0.77
Unmanageable workload	86	91	53	12	18	2.17	1.15
Physical abuse (Threats or actual)	237	22	1	0	0	1.09	0.30

Table 4 reports findings based on the “self-labeling” method where the direct definition-based question was asked of the participant.

Table 4: Results from self-reporting 23rd item

	N	%
No	149	57.3
Rarely	97	37.3
Now and then	11	4.2
Several times per week	3	1.1
Almost daily	0	0

In the direct definition-based self-reporting question, most of the participants reported never being a target or rarely facing the acts.

Table 5 includes findings on the various sources of negative acts.

Table 5: Source of Negative acts as reported by the nurses

My Immediate supervisors/ senior nurse	57
Other supervisors	31
Colleagues/fellow nurses	27
Subordinates/junior nurses	2
Patients/Patient's family	22
Others	1

n=111, the sum is above 111 as 31 nurses had reported more than 1 perpetrator.

Most of the nurses reported being bullied by their immediate supervisor/ senior nurse or other superiors such as doctors or physicians. However, horizontal bullying, where fellow nurses were the source of negative acts, was also prevalent among the sample. Added to this, nurses also reported being mistreated by outside sources such as patients, family members of patients. Earlier surveys have suggested low occurrences of bullying perpetrated by external parties to the organization, such as the patients or their relatives. However, nurses reported multiple sources of such negative acts in this sample. Such increased instances and a greater number of perpetrators may be attributed to Covid-induced panic. Out of 111 nurses who identified themselves as a target, 31 nurses reported multiple perpetrators.

Bullying score findings by age

For the third objective, to analyze the difference in bullying scores among various categories of age and marital status, the Kruskal Wallis-H test and Mann-Whitney test (non-parametric) were used because the variable and its residuals violated the assumption of normality.

The age categories 3 and 4 were merged to form one category as the 4th category (41-50 age groups) had a frequency below five which would have invalidated the Kruskal Wallis chi-square test assumption. So the 3rd age group category included all nurses aged 31 and above. The following tables include the results of the test.

Table 6: Mean Rank Analysis

	Age of the respondent	N	Mean Rank
NAQ	1 (Below 20)	11	152.14
	2 (21-30)	146	143.86
	3 (Above 31)	103	109.26
	Total	260	

Table 7: Results of Kruskal-Wallis H test (Grouping variable: age of the respondent)

NAQ	N	260
	Median	1.9091
	Chi-Square	12.552
	Df	2
	Asymp. Sig.	.002

* Significance level is 0.05

The results indicate there was a statistically significant difference in the negative act score between the nurses of three different age groups (chi-square = 12.55, p=0.02, df=2), thus the null hypothesis is rejected. The mean rank was highest in the age group (below 20).

Bullying score findings by marital status

Further to test the differences in bullying scores according to the marital status of nurses, the Mann-Whitney U test (non-parametric) was used as there were two groups of nurses in the sample based on marital status.

Table 8: Independent-Samples Mann-Whitney U Test Summary

Total N	260
Mann-Whitney U	8597.500
Wilcoxon W	1 11837.500
Standardized Test Statistic (Z)	2.500
Asymptotic Sig.(2-sided test)	.012

*Significance level is 0.05

In terms of marital status, a significant difference in bullying scores was observed between the two categories, which were single and married nurses. (Mann-Whitney U=8597.50, p <0.05 two-tailed). Thus, the null hypothesis stating that there exists no difference in bullying scores among the two groups based on marital status is rejected. The mean rank for group 1 (married, n= 180) was 122.74 and the mean rank for group 2 (single, n=80) was 147.97.

Discussion

Bullying at work is still an unaddressed problem in Indian workplaces and the healthcare sector is affected the most. In the present survey, data was collected from the nurses to identify negative acts they faced at work. Although the prevalence of bullying reported among the nurse population varies largely across samples. For example, authors such as Carter et al. (2013) have reported a 20% prevalence of such behaviors in the UK, whereas studies like Al-Ghabeesh and Qattom (2019) and Rikos et al. (2020) have reported its prevalence as high as 90 to 94.7%. In our sample, we found a prevalence of around 60% using behavioral methods and 42.6 % using the self-labeling approach. 9.2% reported severe bullying when determined by the behavioral reporting method. The work-related item number 3rd and 21st had higher mean values. Among person-related acts, item number 11 and 13th had higher values. So, the feeling of doing tasks that were below their competence and high workload were reported by nurses. Threats of physical violence reported in the presented study were low compared to other studies. Multiple perpetrators of bullying were found in the sample and the existence of multiple bullies has been found in recent studies. In the US, Ghaziri et al. (2021) concluded that uncivil behaviors from patients and their family members toward nurses had increased during the pandemic. However, in earlier studies, the bullies were majorly the superiors (high power) or co-workers (low power) based on the power-distance cultural dimension (Karatuna, 2020).

In terms of differences in scores according to demographic factors of age and marital status, significant differences were found in the sample. The findings from this sample are consistent with the studies where age differences are reported among bullied nurses, and it has been found that

young nurses are easier prey (Fang et al. 2016; Muharraq et al., 2022). These findings are not in-line with studies such as by Homayuni et al. 2021 that reported no significant difference in bullying scores across different age groups. The results of our study are consistent with studies like Ko et al. (2020), where unmarried nurses have reported greater exposure to negative behaviors. The possibility of higher social support among married nurses could be one of the likely reasons that they perceived themselves as non-bullied. Al-Sagarat in 2014, Yang and Zhou (2020) found that married nurses were more often at the receiving end of such disruptive acts, whereas, opposite results were reported by Ko et al. (2020) among Taiwan nurses where single nurses reported more frequently experiencing such acts (both work or person-directed).

Conclusion

This study contributes to the knowledge of work behavior in healthcare settings and presents the findings from the geographic area where the concept is comparatively less explored. Addressing the challenges arising from negative behaviors can help improve the work environment. Bullying predicts adverse mental health outcomes (Demir and Rodwell, 2012, Karatza et al., 2016). Thus, it is important to address the issue so that nurses can preserve their well-being and enjoy their work without facing demeaning behaviors. Such behaviors at the workplace can cause job dissatisfaction, the propensity to quit the job, and deteriorate the mental health of the victim. Thus, organizations must take active measures to control and mitigate its harmful effects. In the present study, immediate supervisors, as well as other superiors, were reported as the main sources of bullying. Employees can seek assistance from their bosses by using their voices, and consequently, the employee-authority relationship improves (Ng & Feldman, 2010). Additionally, when employees voice their angst, they may lower their stress (Hobfoll, 1989). Appropriate measures like frequent counseling and strengthening grievance redressal mechanisms can be taken by the appropriate authorities to control the frequency of the reported acts and to provide helpful resources to vulnerable groups like younger nurses so that they can tackle the problem without suffering negative consequences. The present study provides conclusive evidence regarding the prevalence of bullying in hospitals and underscores the need for designing policies and interventions that create a better and safer work environment.

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